



Restraint / Support Evaluation Continuation

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| RESIDENT'S NAME |
| DSHS NUMBER |

Restraint(s) and/or Secondary Postural Support System

Restraint / secondary postural:

Support system:

Justification:

Benefits of use:

Risk of use:

Risk of not using:

Alternatives used / considered:

Reduction plan:

Restraint(s) and/or Secondary Postural Support System

Restraint / secondary postural:

Support system:

Justification:

Benefits of use:

Risk of use:

Risk of not using:

Alternatives used / considered:

Reduction plan:

Restraint(s) and/or Secondary Postural Support System

Restraint / secondary postural:

Support system:

Justification:

Benefits of use:

Risk of use:

Risk of not using:

Alternatives used / considered:

Reduction plan:

Restraint(s) and/or Secondary Postural Support System

Restraint / secondary postural:

Support system:

Justification:

Benefits of use:

Risk of use:

Risk of not using:

Alternatives used / considered:

Reduction plan:

Restraint(s) and/or Secondary Postural Support System

Restraint / secondary postural:

Support system:

Justification:

Benefits of use:

Risk of use:

Risk of not using:

Alternatives used / considered:

Reduction plan:

Restraint(s) and/or Secondary Postural Support System

Restraint / secondary postural:

Support system:

Justification:

Benefits of use:

Risk of use:

Risk of not using:

Alternatives used / considered:

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Restraint / secondary postural:

Support system:

Justification:

Benefits of use:

Risk of use:

Risk of not using:

Alternatives used / considered:

Reduction plan:

Restraint(s) and/or Secondary Postural Support System

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Justification:

Benefits of use:

Risk of use:

Risk of not using:

Alternatives used / considered:

Reduction plan: